Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4959AGC	A. BUILDING _____ B. WING _____	07/28/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN BREEZE ALZHEIMER VILLA	950 GARDEN BREEZE WAY LAS VEGAS, NV 89123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 8 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. As of the date of initial licensure, no residents have been discharged from the facility. The facility received a grade of A. There were no complaints investigated. The following deficiencies were identified:	Y 000		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure	Y 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 175	Continued From page 1 the exterior was free from hazards included obstacles that impede the free movement of residents outside of the facility. Findings include: The facility's only egress from the backyard was paved with rocks. The facility has Category II residents. Four of 5 residents use assisted devices for ambulation. In case of an emergency, 4 of 5 residents using walkers or wheelchairs would not be able to exit from the east side of the facility, from the only egress in the backyard. The entrance leading to the front door of the facility has a canopy of greenery. The canopy is less than 5 feet from the ground. In order to approach the front entrance, one would have to duck or bend in order to pass through the area. Severity: 2 Scope: 3	Y 175		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection	Y 877		

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Y 877	Continued From page 2 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview on 7/28/09, the facility did not obtain physician orders to administer dietary supplements to 1 of 5 residents (Resident #2). Based on record review on 7/28/09, the facility did not include dietary supplements on the medication administration record for 1 of 5 residents (Resident #2). Severity: 2 Scope: 1	Y 877		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895		

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Y 895	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 7/28/09, the facility failed to ensure the medication administration record (MAR) was accurate for 3 of 5 residents (Resident #2, #4 and #5). Severity: 1 Scope: 3	Y 895		